



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

August 5, 2005

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES, AREA MENTAL HEALTH  
DIRECTOR, LOCAL HEALTH DEPARTMENT DIRECTOR AND COUNTY  
DEPARTMENT ON AGING DIRECTOR**

**SUBJECT: DECISION MAKING TRAINING FOR PUBLIC AGENT GUARDIANS**

Ethical dilemmas frequently arise during decision making and are often challenging for the guardian. The guardian is very often concerned about liability when making difficult decisions in the best interest of wards. This may be especially true when the guardian is challenged with decisions concerning consent for invasive medical treatment that may harm the ward, implementation of do not resuscitate orders, or withholding or withdrawing of extraordinary means.

The Division of Aging and Adult Services is pleased to announce that the training, "Guardianship: Decision Making, Legal and Ethical Issues", will be offered twice during SFY 2005-06. **The two-day workshop is specifically designed for directors and assistant directors of local human services agencies who serve as disinterested public agent guardians, and attorneys who work with these agencies.**

Through case-based discussions, lectures and audio visual materials participants will be introduced to key concepts, issues and ethical principles that facilitate informed decision making. Participants will learn strategies that can strengthen their agency's existing policies and procedures for decision making and help limit their legal liability. They will also learn of various approaches to decision making that enhance their ability to fulfill legal mandates and duties to the ward.

Mark your calendars for these workshops and share with your legal staff\*. You do not want to miss this opportunity to network with peers and experts.

The workshops will be held in the following locations:

**March 16 – 17, 2006**

Ramada Inn  
511 Salter Path Road (Hwy. 58)  
Atlantic Beach, NC

**May 24 – 25, 2006**

Administrative Office of the Courts  
100 E. Six Forks Road, Suite 105  
Raleigh, NC

(\*CLE credits will be applied for.)

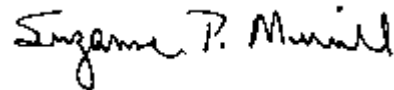
Dear Director  
RE: Guardianship Decision Making Training  
August 5, 2005  
Page 2

You must pre-register if you plan to attend a workshop. There is no limit on the number of participants who may attend a particular workshop. A registration form is attached, which may be photocopied if needed. Please complete all information on the form and send it to us at least two weeks in advance of the workshop you wish to attend. You may fax your completed registration form to Monica Nealous, at (919) 715-0023 or mail it to NC Division of Aging and Adult Services, ATTN: Monica Nealous, Mail Service Center 2101, Raleigh, NC 27699-2101.

You will be mailed a confirmation letter with directions to the training and a list of lodging accommodations for the training in Raleigh. Atlantic Beach hotel information is attached to this letter. Please contact the hotel to make your reservations.

If you have questions or need additional information about the workshops, please contact Rosalyn Pettyford, Adult Protective Services and Guardianship Coordinator, or Kate Walton, Guardianship Consultant at (919) 733-3818. County departments of social services may contact their Adult Programs Representative.

Sincerely,

A handwritten signature in black ink, reading "Suzanne P. Merrill". The signature is written in a cursive style with a large, stylized 'S' at the beginning.

Suzanne P. Merrill, Chief  
Adult Services Section

SPM/ksw  
Attachments  
AFS-13-2005

## Adult Services, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

(For prerequisite information please refer to the training description)

☐ Yes ☐ No

☐ Not Applicable for this Training

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: ☐ Female ☐ Male  
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):  
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code): \_\_\_\_\_ Work Phone & Extension (please include area code): \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

<p><b>Employment Type:</b></p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> County DSS - Permanent</p> <p><input type="checkbox"/> County DSS - Temporary</p> <p><input type="checkbox"/> County Non-DSS</p> <p><input type="checkbox"/> Federal Agencies</p> <p><input type="checkbox"/> State Agency/Public University</p> <p><input type="checkbox"/> Private University/College</p> <p><input type="checkbox"/> Private Agency/Business</p>	<p><b>Work Type:</b></p> <p><input type="checkbox"/> Direct Client Service</p> <p><input type="checkbox"/> Line Supervisor</p> <p><input type="checkbox"/> Trainer/Staff Development</p> <p><input type="checkbox"/> Program Manager</p> <p><input type="checkbox"/> Program/Admin. Support</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not Applicable</p>	<p><b>Program Responsibilities:</b></p> <p>If you are <b><u>NOT</u></b> a county DSS worker, please skip to the next box (Check all that apply)</p> <p><input type="checkbox"/> Adult Care Home CMS</p> <p><input type="checkbox"/> Adult Day Care</p> <p><input type="checkbox"/> Adult Home Specialist</p> <p><input type="checkbox"/> Adult Protective Services</p> <p><input type="checkbox"/> Adult Services Intake</p> <p><input type="checkbox"/> At-Risk Case Management</p> <p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> Guardianship</p> <p><input type="checkbox"/> In-Home Aide Services</p> <p><input type="checkbox"/> Special Assistance</p> <p><input type="checkbox"/> Trainer</p> <p><input type="checkbox"/> Other</p>	<p><b>Other Roles:</b></p> <p>Complete this box if you are <b><u>NOT</u></b> a county DSS worker</p> <p><input type="checkbox"/> Aging Services</p> <p><input type="checkbox"/> Attorney/Judicial</p> <p><input type="checkbox"/> Developmental Disabilities</p> <p><input type="checkbox"/> Health/Medical</p> <p><input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Student/Student Intern</p> <p><input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> Vocational Rehabilitation</p> <p><input type="checkbox"/> Other</p>
---	---	---	---

<p><b>Highest Degree</b></p> <p><input type="checkbox"/> HS <input type="checkbox"/> Masters</p> <p><input type="checkbox"/> Associate <input type="checkbox"/> Doctorate</p> <p><input type="checkbox"/> Bachelor</p>	<p><b>Highest Social Work Degree</b></p> <p><input type="checkbox"/> BSW/BSSW</p> <p><input type="checkbox"/> MSW/MSSW</p> <p><input type="checkbox"/> PhD/DSW</p>
--	--

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_

**REGISTRATION INFORMATION**

**Ramada Inn  
Atlantic Beach, NC**

**Please call 1-800-338-1533 or (252) 247-4155 to reserve a room.**

**\*Room Rates:**

**Sunday through Tuesday - \$34.00 (single occupancy) or \$40.00 (double occupancy)**

**Friday & Saturday - \$56.00 (single/double occupancy)**

**\* To ensure the special room rates, please indicate that you will be attending the NC Division of Aging and Adult Services Guardianship Workshop.**